

# Community Health Needs Assessment 2016

## St. Aloisius Medical Center

### *Mission*

St. Aloisius Medical Center, Inspired by Jesus, in union with the Sisters of Mary of the Presentation, ministers health to all we serve.

### *Completed by*

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# Introduction

To help inform future decisions and strategic planning, St. Aloisius Medical Center in Harvey, North Dakota conducted a community health needs assessment. Through a joint effort, St. Aloisius and Wells County District Health Unit analyzed community health-related data and solicited input from the community as a whole. Data for this community health needs assessment was collected in a variety of ways: (1) a broadly distributed survey solicited feedback from area residents; (2) another version of the survey gathered input from health care professionals; (3) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; and (4) a wide range of secondary sources of data was examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk activities. The assessment was conducted in three phases.

During the Research Phase, community health, youth risk, community crime, American Hospital Association, and Centers for Disease Control summary data were analyzed. This analysis improved our understanding of our community and informed the study design.

During the Survey Phase, St. Aloisius distributed surveys and made the survey available online to community members. 288 surveys were returned. The survey instrument was designed by the University of North Dakota's Center for Rural Health and augmented locally to develop an understanding of needs specific to the St. Aloisius Medical Center service area. Additional information was collected through key informant interviews of locally identified community leaders.

The purpose of conducting a community health needs assessment is to describe the health of local people, identify use of local health care services, identify and prioritize community needs, and identify action needed to address the future delivery of health care in the defined area. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; 4) engaging community members about the future of health care delivery; and 5) allowing the charitable hospital to meet federal regulation requirements of the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years.

## North Dakota Health Care Needs

North Dakota, like the rest of the country, is facing a major healthcare delivery challenge—how to meet a burgeoning need for healthcare services now and especially in the future with a supply of physicians and other providers that is not keeping pace with the growing demand. The problem is particularly acute in rural and western parts of North Dakota, where there has been a chronic shortage especially of primary care providers dating back for many decades. Part of the problem in North Dakota is an inadequate number of providers, but a larger portion of the problem is a maldistribution of providers who are disproportionately located in the larger urbanized areas of the state.

About half (49%) of North Dakota's current population reside in metropolitan areas, with a little more than a quarter (27%) located in rural areas. This represents a dramatic change, since only a few decades ago, more than half of the state's population was located in rural areas. People in rural regions of North Dakota are older, poorer, and have less or no insurance coverage than people in non-rural areas, all of which are challenges to providing adequate healthcare. Rural regions continue to experience depopulation, except for significant population growth in those western regions associated with the oil boom; the cities continue to

grow and prosper. Predictions for population growth in the future are controversial and are tempered by the knowledge that another “boom-and-bust” cycle that has been seen before might occur again.

## **Age-related variables**

Older populations use dramatically more healthcare resources than do younger populations. North Dakota’s population is among the oldest in the nation. This greatly influences the need for providers. Simply comparing the number of North Dakota physicians per 100,000 persons can be misleading unless the age of the populations being compared is taken into account. Rural North Dakotans are significantly older than their counterparts in micro- or metropolitan areas, and that disparity is increasing over time. The higher average age in rural North Dakota likely is the consequence of the continuing depopulation of the rural areas, with younger people moving elsewhere. This effect is evident in the agrarian sector, where the increase in average age has been particularly apparent in farmers.

There has been a significant increase in the number of the state’s oldest citizens. People aged 85 and older constitute 2.5% of the state’s population (North Dakota is second only to Rhode Island as the state with the highest percentage of older adults). Nationally, 1.8% of Americans are aged 85 and older. It is the state’s second-fastest-growing cohort, with the most substantial growth being 28% for people 45 to 64 years old. (Third Biennial report, pp 11)

## **The Health of North Dakota**

The health of North Dakotans, which in comparison with the rest of the United States is generally good. North Dakotans have a slightly lower problem with diabetes than the rest of the United States, and are less likely to report fair or poor health. However, North Dakotans tend to have a higher risk of cancer and a mortality rate that exceeds the national average. Across North Dakota, behavioral risks tend to increase as population density decreases; thus rural areas have the worst behavioral risk, with an increased frequency of obesity, smoking, and drinking, especially in males.

The quality of healthcare delivered in North Dakota, in general, is as good as or better than much of the United States, but there appears to have been a decline in several measures in the past few years, particularly in the delivery of acute-care services. North Dakota (along with other upper Midwest states) generally provides high-quality care at relatively lower cost than other states in the United States; North Dakota ranked ninth in the country in one recent assessment undertaken by the Commonwealth Fund.

## **Physician work force**

North Dakota has somewhat fewer physicians per population than the United States as a whole or the Midwest comparison group, although the gap has narrowed over the past three decades. Our physicians are older, less likely to be in a hospital-based practice, and more likely to be male than elsewhere in the United States. About one-fourth of the physician workforce is made up of international medical graduates, about the same as the rest of the country. The University of North Dakota (UND) is an important source of physicians for the state, accounting for 45% of the more than 1,000 physicians practicing in North Dakota who graduated from a U.S. medical school. Of all the physicians in the state, about 40% received some or all of their medical training (medical school or residency or both) in-state. As is the rule for the rest of the United States, there is a striking gradient of patients per physician depending on geographic region; micropolitan areas (large rural) have about twice as many patients per physician as metropolitan areas, while rural areas have about five times as many. Current estimates indicate a shortage of some 260 to 360 physicians by 2025, primarily the consequence of the heightened need for healthcare services as the Baby Boom generation ages but also from retirements in the similarly aging physician workforce (one-third of the physicians in North Dakota are 55 years of age or older). Even more physicians will be needed if the population grows as recently predicted. If the population of North Dakota increases to 800,000 people, around 500 additional physicians will be needed. And if the population grows to 1 million, the state would need about 1,000 more physicians.

## Primary care

Compared with the rest of the country and the Midwest, North Dakota has more primary care physicians (family medicine, general internal medicine, and general pediatrics) when normalized to the population size. Their density is significantly higher than either comparison groups in both metropolitan and micropolitan regions; it is only in rural areas that North Dakota lags the Midwest comparison group, and only by a small percentage (2%). Primary care physicians in North Dakota are more likely to practice in rural areas compared with specialist physicians, but they still are twice as likely to be found in urban regions rather than rural areas after correcting for population. Residency training in North Dakota is an especially important conduit of primary care physicians, since nearly half (45%) of them have completed a residency within the state; more than half went to medical school at UND or completed a residency or did both in the state.

## Specialists Workforce

North Dakota has relatively fewer specialists than the Midwest or the rest of the United States in certain specialties, including obstetrics/gynecology. We have more psychiatrists than other Midwest states, although two-thirds of them work in the eastern part of the state, leaving the western parts of North Dakota with a shortage. Similar trends are found with other nonphysician providers. While nurse practitioners (NPs) and physician assistants (PAs) are much more likely to be female than their physician counterparts, they too are distributed more in the metropolitan than rural areas in a proportion similar to primary care physicians. This is particularly true for NPs; PAs are the most evenly distributed across North Dakota of any healthcare provider group. Compared with U.S. figures, North Dakota has about 7% fewer NPs but 37% more PAs. North Dakota has many more nurses (95%) and pharmacists (51%) than the national average, and they too are particularly distributed in the metropolitan areas. In the case of pharmacists, their relative scarcity in rural areas is balanced by a greater supply of pharmacy techs and by a robust telepharmacy program spearheaded by North Dakota State University. North Dakota has one fourth fewer dentists than the United States as a whole, but almost one-fourth (22%) more physical therapists. When looking at the entire North Dakota healthcare provider workforce, there is a consistent finding of a relative shortage of providers especially in rural and micropolitan (large rural) areas compared with metropolitan regions, but with important variations across the state depending on the particular provider type.

The cost of care is another influence on individual health. North Dakota has been described as a low-cost, high-quality state in which the cost of care, relative to other states, is lower; importantly, the quality of care delivered is considered high. It thus is a higher-performing state. Even in a relatively low-cost state like North Dakota, cost has been and remains a dominant concern within public policy discussions, particularly within the framework of healthcare reform.

## Comparison with national benchmarks

Part of the explanation for the relative good health and health outcomes in North Dakota may relate in part to more healthful lifestyles. For 8 of 10 general health measures, North Dakotans are relatively healthier when compared to the country as a whole (e.g., fair/poor health, high cholesterol, high blood pressure, diabetes, cholesterol screen, influenza immunization, asthma, and sigmoidoscopy/colonoscopy). However, in North Dakota, the number of people who are overweight and obese is higher, (62.2% vs. 60%), and the state has a lower pneumonia immunization rate (24.9% vs. 25.4%). In the Second Biennial Report, it was reported that North Dakota scored slightly better on overweight/obesity by having 62% of the population so classified versus a national rate of about 64%. Thus the North Dakota rate has stayed constant, but for the country, this has improved. This will be an issue for North Dakotans to monitor. In a similar manner, the percentage of North Dakotans viewing themselves as having only fair or poor health is roughly the same as was reported two years ago; however, the U.S. rate has worsened (18% versus 14.9% in 2012).

# Health Professional Shortage Areas (HSPA)/Medically Underserved Areas (MUA)

North Dakota remains one of the most rural states in the United States. Thirty six of North Dakota’s 53 counties are designated as “frontier”, meaning that there are less than 6 persons per square mile within the county. Recent analysis of 2015 population data demonstrates that none of the counties have changed from their frontier designation status despite population increases since 2010, as well as concludes that HSPA designations also have remained stable. Funding priorities for thirty four (34) federal programs rely on HSPA/MUA designations.

Nation-wide, rurality generally adds to health care access challenges, and the HSPA/MUA designated areas experience recruitment and retention challenges. Within North Dakota this rural provider shortage trend is also evident, given the preponderance of health care providers practicing in the more urban areas of our state. On the positive side, the National Health Service Corp (NHSC) prioritizes loan repayment program eligibility to practitioners of the healing arts who work within an identified North Dakota Mental Health Professional Shortage Area.

## Overview of Services and Facilities

### St. Aloisius Medical Center

St. Aloisius Medical Center is a 25-bed critical access hospital located in Harvey. It is a state-designated Level V Trauma Center and employs more than 240 people. It is owned by the Sisters of Mary of the Presentation.

**Table 1: Service Offering**

Services Offered at St. Aloisius Medical Center	
• Acute care hospital	• Occupational therapy
• Apartment living	• Pharmacy
• Blood pressure checks	• Physical therapy
• Cardiac rehab	• Radiology – cardio stress test
• Cardiac Stress Tests	• Radiology – CT scan
• Cataract surgery	• Radiology – mammography
• Chaplain Services	• Radiology – MRI
• Cholesterol checks	• Radiology – ultrasound
• Emergency room	• Sleep studies
• Hearing tests	• Speech therapy
• Lab services	• Swing bed services
• Laparoscopic surgery	• Trauma Center Level V
• Mental health	• Vaccinations
• Nursing home	• Weight control services
• Nutrition counseling	• Wellness Center

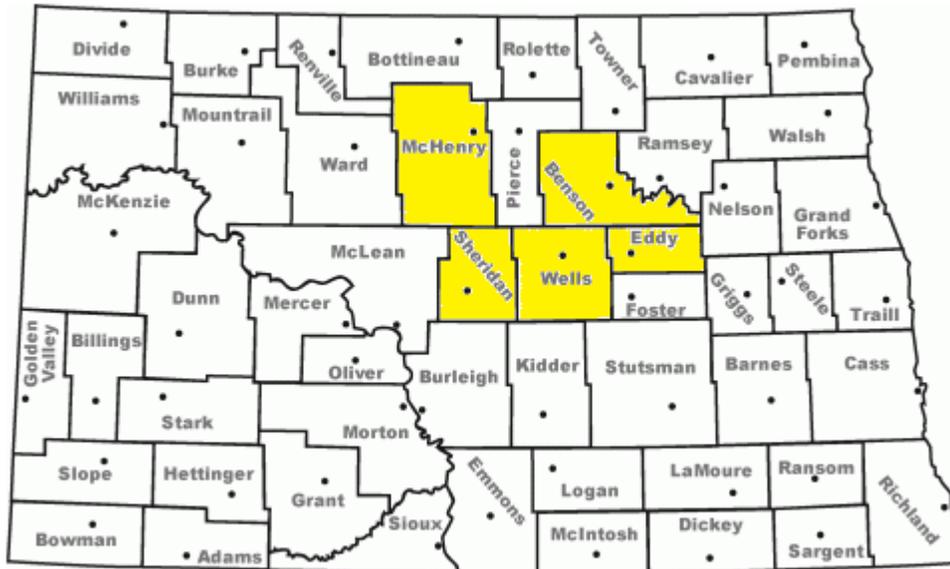
The history of St. Aloisius Medical Center dates back to 1910. An association was formed and a stock company was organized for the purpose of building a hospital. Builders broke ground in January 1913, and the hospital was incorporated that year. With the assistance of two doctors, the hospital opened in 1914. Although the hospital provided efficient service, it was short-lived due to financial issues. The Harvey Hospital was then reorganized in 1916 by a new board of directors. Three doctors worked in the hospital, but again the hospital closed. The former hospital initially was used as an apartment house and then as classrooms for Harvey Public School. A doctor re-opened the local hospital in 1927

as a private hospital. The hospital operated until the 1930's as the Lutheran Good Samaritan Hospital. In 1938, the stockholders sold the hospital to Charles A. Eck of St. Cecilia Catholic Church and it was turned over to the Sisters of Mary of the Presentation, who have operated it successfully since then. Today, St. Aloisius Medical Center has significant economic impact on the community.

## Health Care Facilities and Other Resources

St. Aloisius' critical access hospital includes two monitored beds staffed by registered nurses 24 hours per day, a surgical area, CT scan, emergency room, laboratory, outpatient infusion center, and periodic on-site mobile MRI and ultrasound capabilities. St. Aloisius' long-term care facility is a 95-bed skilled nursing facility. The facility offers occupational therapy, physical therapy, speech therapy, and a full activity program seven

Figure 1: St. Aloisius Service Area



days a week. St. Aloisius also owns and operates senior housing. The facility has 16 apartment units: four two-bedroom units and 12 one-bedroom apartments. Two of the one-bedroom apartments are handicapped accessible. The senior housing offers a 24-hour emergency call system, optional noon meals seven days a week, and free laundry facilities. The city of Harvey is located in north central North Dakota. The economic base of Harvey consists of services with agri-business and retail/wholesale trade. Harvey's

education system provides services to students in grades K-12. The community has an abundance of recreational facilities, including a nine-hole golf course and the Harvey Reservoir, providing opportunities for swimming, boating, and other water sports. Also available is first-rate hunting for pheasants, deer, grouse, ducks, and geese.

## Assessment Methodology

Table 2 : Demographic Data for St. Aloisius' Service Area

	Eddy	Benson	Sheridan	Wells	North Dakota
Population	2,385	6,660	1,321	4,220	724,840
Square Miles	630	1,439	972	1,271	69,001
People per Square Mile	3.79	4.63	1.36	3.32	10.50
Caucasian	2,270	2,889	1,278	4,133	643,478
Percent Caucasian	93%	43%	96%	98%	89%
High School Graduate	30%	35%	39%	34%	27%
Percent Some College	37%	37%	26%	32%	37%
Bachelor's Degree or Higher	20%	9%	17%	20%	27%
Live Below Poverty Level	18%	36%	19%	9%	12%
Children in poverty	12%	38%	23%	12%	12%
Individuals 65+ with a disability	30%	35%	30%	37%	31%
65 years or older	25%	13%	30%	29%	15%
0-17 years of age	21%	34%	16%	19%	23%
Median Age	47.9	31.4	53.3	50.9	34.9

## Research Phase

Data was collected and analyzed to provide a snapshot of the area's overall health, with an examination of health conditions, indicators, risks, and outcomes. Information was collected from a variety of sources including the U.S. Census Bureau, the North Dakota Department of Health, the Robert Wood Johnson Foundation's County Health Rankings (which pulls data from 13 primary data sources), North

Dakota Health Care Review, Inc. (NDHCRI), the National Survey of Children's Health Data Resource Center,

the Centers for Disease Control and Prevention, the North Dakota Behavioral Risk Factor Surveillance System, and the National Center for Health Statistics.

St. Aloisius Medical Center’s service area touches five counties in North Dakota: Benson, Eddy, Sheridan, McHenry, and Wells. This service area is defined based on the location of the medical center, the geographic distance to other hospitals, and history of usage by consumers. Located in the hospital’s service area

**Table 3: Vital Statistics for St. Aloisius Service Area**

2009-2013 (Seridan 2006-2010)	Eddy	Benson	Sheridan	Wells	North Dakota
Population	2,385	6,660	1,321	4,220	724,840
Number of births	121	695	45	194	47,959
Number of deaths All Causes	240	347	64	367	29,518
Heart Disease	40	92	23	114	6,762
Cancer	47	56	12	84	6,315
Stroke	14	9	-	16	1,664
Alzheimers Disease	52	8	-	22	2,189
COPD	9	16	6	30	1,707
Unintentional Injury	10	44	6	17	1,625
Diabetes Melitus	5	12	7	20	1,022
Pneumonia and Influenza	8	9	-	0	682
Cirrhosis	5	21	6	0	394
Suicide	5	12	6	5	551

the communities of Anamoose, Drake, Esmond, Fessenden, Goodrich, Harvey, Hurdsfield, Maddock, Martin, McClusky, New Rockford, Selz, Sheyenne, and Sykeston.

General demographic and geographic data about the counties in St. Aloisius’ core service area is summarized at Table 1. The St.

Aloisius Medical Center service area is not a culturally diverse population. Over 96% of the population identify as Caucasian. The median age in the service area (50.4 years) is significantly higher than the state median of 34.9 years. Not surprisingly, the service area has a greater percentage of individuals over the age of 65 (26.3%) than the North Dakota average of 14%. On the other end of the age spectrum, Eddy county individuals age 0-18 approximates the state average while Sheridan and Wells fall well short. These results are similar to those of the 2013 Community Health Needs Assessment although there is slight growth at the younger end of the spectrum (+1.1%).

Across the five county service area fewer residents are living below the poverty level (a reduction of 1.7%) although children in poverty rose almost by that same amount (1.6%). All three counties have a higher percentage of individuals with a high school diploma while none of the counties exceed the state percentage of

**Figure 2: Leading Causes of Death by County**



Bachelor’s and above. The reduced number of individuals with bachelors level training impacts recruiting efforts for nursing and ancillary staff in the area. The service area of

St. Aloisius Medical Center is also very rural, with all three counties meeting the definition of a frontier service area (less than six people per square mile). This has implications for the delivery of services and residents’ access to care. Transportation can be an issue for rural residents and others as can isolation, which can have many effects on health status.

**Public Health Community Health Profile** Below is summary information for the St. Aloisius Medical Center service area. The source for each county’s data was the most current North Dakota Department of Health community health profile. The full profiles are available in the appendix to this report. The Wells County Community Health Profile may be found in Appendix E. Sheridan County is part of the

First District Health Unit, which includes seven counties in north central and northwestern North Dakota. The First District Community Health Profile is included as Appendix F. Information about Eddy County – which is part of the Lake Region District Health Unit – is contained in the district’s community health profile included as Appendix E.

Both Eddy and Wells county data is reported for the years 2009-2013 while Sheridan data is reported for the years 2006-2010. The Wells County public health community profile reveals that cancer and heart disease are the leading causes of death. COPD, Alzheimers, and Diabetes are also significant in Wells County. An analysis of causes of death by age category reveals Unintentional Injury most significantly impacts younger Wells County residents. For those age 45-84, cancer and heart disease are the top two leading causes of death.

In Eddy County, the leading causes of death for the younger population ages 25-44 is unintentional injury and suicide. Heart disease primarily threatens the 45-54 age groups while cancer is prominent in those aged 55-84. Heart disease is the second leading cause of death for those age 55-84. Alzheimer’s Disease accounts for the greatest number of deaths in the 85 and older population.

In the public health district that includes Sheridan County, the younger population, less than 44 years of age, is unique in that suicide, cancer, and heart disease are found to a greater extent. As with the other two counties, unintentional injury is also prominent in the younger age groups while cancer and heart disease top the list for the 45 and older population.

This data suggests that counties in the St. Aloisius service area would benefit from early detection, prevention, and treatment of cancer and heart disease, as well as accident and suicide prevention. Attention also should be paid to other information provided in the profiles about quality of life issues and conditions such as high blood pressure, obesity, cholesterol, asthma, arthritis, cardiovascular disease, stroke, fruit and vegetable consumption, tooth loss, physical activity, smoking, health screening, mental health, health insurance, drinking habits, vaccination, and crime.

## County Health Rankings

The Robert Wood Johnson Foundation, in collaboration with the University of Wisconsin Population Health Institute, has developed the County Health Rankings to illustrate

community health needs and provide guidance for actions toward improved health. In this report, counties are compared to national benchmark data and state rates in various topics ranging from individual health behaviors to the quality of health care. The data used in the 2015 County Health Rankings is pulled from 13 primary data sources and then is compiled to create a state rank and county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Counties are ranked on both health outcomes and health factors. A model of the 2015 County Health Rankings – a flow chart of how a county’s rank is determined – may be found in Appendix D. For further information, visit the County Health

Table 4: County Health Rankings

2015 County Health Rankings	Eddy	Benson	Sheridan	Wells	North Dakota
Population	2,385	6,660	1,321	4,220	723,393
<b>Health Outcomes</b>					
% Reporting Poor or Fair Health	13%	18%	14%	12%	12%
Poor Physical Health Days (in last 30)	2.6	2.7	3.8	3.1	2.7
Poor Mental Health Days (in last 30)	2.5	2.8	3.4	3.2	2.4
% Diabetic	10%	11%	13%	12%	8%
% Diabetic Receiving HbA1c Monitoring	91%	94%	89%	79%	86%
% Limited Access To Health Food	10%	22%	35%	12%	9%
% Mammography Screenings	69%	69%	67%	59%	68%
% Adult Obesity	30%	33%	30%	31%	30%
<b>Healthy Behaviors</b>					
% Adult Smoking	15%	35%	15%	15%	18%
% Physical Inactivity	29%	33%	30%	31%	25%
% W/ Access to Exercise	69%	38%	47%	4%	68%
% Excessive Drinking	24%	21%	No Rpt	24%	22%
% Driving Deaths Alcohol Impaired	67%	67%	No Rpt	56%	46%
<b>Economic Factors</b>					
% Uninsured Adults	16%	19%	22%	14%	14%
% Uninsured Children	9%	11%	14%	9%	7%
Median Household Income	46,875	42,326	43,346	54,251	56,800
% Children Eligible for Free Lunch	31%	60%	47%	22%	25%
% Unemployed	6%	7%	5%	5%	3%
% Children in Poverty	12%	38%	23%	12%	12%
% Single Parent Households	38%	56%	2%	17%	26%
% Severe Housing Problems	9%	17%	11%	8%	11%

Rankings website at [www.countyhealthrankings.org](http://www.countyhealthrankings.org). NDHCRI, the state’s quality improvement organization, through its contract with the Centers for Medicare and Medicaid Services, also provides county-specific data

as it relates to various preventive measures and health screens. Table 4 provides a summary of the pertinent information taken from these two sources as they relate to the St. Aloisius Medical Center service area, including Eddy, Sheridan, and Wells counties. It is important to note that these statistics describe the population of each county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behavior and conditions of the stated counties' residents, not necessarily patients of St. Aloisius Medical Center. Appendix D contains definitions for each of the variables. The entire County Health Rankings Report is available at Appendix D. Health Outcomes across the service area track closely with the overall North Dakota experience. Sheridan and Wells counties perform worse in areas of reported physical/mental health days and mammography screenings. Sheridan County is significantly worse in the percent of residents with access to healthy food. The United States Department of Agriculture estimates that 29.7 million people across the country live in areas more than 1 mile from a supermarket. These communities lack adequate access to fresh, healthy, and affordable food choices. The same communities without supermarkets and grocery stores often feature fast food, liquor, and convenience stores selling unhealthy, high-fat, high-sugar foods. Many of the people living in these underserved communities also lack reliable transportation. Residents of Sheridan County were identified as living in this situation. The entire St. Aloisius Medical Center service area experiences rates of diabetes in excess of the state average. Fortunately, compliance with A1c monitoring exceeds the state average in all but Wells County. With education, compliance will be improved throughout the service area.

As for healthy behaviors, activity can help control weight, reduce the risk of heart disease and some cancers, strengthen bones and muscles, and improve mental health. Across the three counties, the percent of physically inactive residents was significantly higher than the State average. Not surprising, the percent with access to exercise was substantially lower. These results suggest investment in community health centers and community wide exercise events. Also of concern was the percent of driving deaths where alcohol was involved. Alcohol was a factor in many more driving fatalities within the service area than throughout the State.

As evidenced in Table 4, there are a number of economic factors that potentially influence the reported health outcomes and poor health behaviors. The reported uninsured status is a bit dated as Medicaid Expansion was approved in the State of North Dakota. St. Aloisius has seen an improvement in the number of patients with access to insurance in recent months.

Table 5: Youth Risk Behavior Survey 2015

2015 High School YRBS Results	Local	Dakota
<b>Self Injury</b>		
<b>Percent of Students Who:</b>		
Felt sad or hopeless	31.5%	27.2%
Seriously considered attempting suicide during the (prior 12 mos)	29.7%	16.2%
Made a plan about how they would attempt suicide (prior 12 mos)	18.9%	13.5%
Attempted suicide (prior 12 mos)	10.8%	9.4%
<b>Health Behaviors</b>		
<b>Percent of Students Who:</b>		
Currently smoke cigarettes daily	7.3%	3.2%
Currently frequently smoked cigarettes (on 20 of 30 days)	9.2%	4.3%
Tried to quit smoking	40.0%	47.4%
Currently drank alcohol (once in past 30 days)	28.3%	30.8%
Drank five or more drinks of alcohol in a row	15.5%	17.6%
Were overweight (>=85th & <95th percentile BMI)	20.2%	14.7%
Were trying to lose weight	34.2%	44.7%
Exercise to lose weight	62.7%	60.4%
Were physically active at least 60 mins per day 5 or more days	55.0%	51.3%
Attended physical education classes 1 or more days per week	59.6%	49.2%
Spent more than 20 minutes exercising or playing sports	59.6%	51.1%
Saw a dentist in prior 12 months	68.2%	77.0%
Brushed their teeth 7 days per week	61.5%	71.0%
Had 8 or more hours of sleep	23.6%	29.5%

## Youth Health and Risk Behavior

Harvey High School administered a Youth Risk Behavior Survey to all students enrolled during the 2014-2015 school year. Of the respondents, 48 were Female while 63 were Male (1 non-response). Key survey findings are reported at Table 5. The survey reveals both concerning and encouraging information about the youth in the St. Aloisius service area. Of most concern are the questions related to self-harm. 31.5% of respondents felt sad or hopeless in the most recent 2 weeks and 29.7% seriously considered suicide in the prior 12 months. Both measures exceed the state averages. Of the

greatest concern is that 18.9% made a plan about how they would carry out a suicide while 10.8% actually attempted suicide in the prior 12 months. Adolescent behavioral health services are needed in this community.

Smoking and alcohol use both exceed the state averages. Students who frequently smoke (20 out of last 30 days) is twice the state average (9.2% as compared to 4.3%). The students use alcohol at a slightly lower rate as other youth in the state (28.3% as compared to 30.8%) but this number is high regardless. Student's use of marijuana was considerably lower, in the community, as compared to the rest of the state (6.3% as compared to 15.2%). This survey indicates a need for tobacco and alcohol education.

Lifestyle data among the youth indicate that 34.2% were actively trying to lose weight and that 55% reported being physically active at least 60 minutes per day on 5 or more days per week. The youth reported much more involvement in physical education and sports than others throughout the state. Still 20.2% of the respondents were categorized as overweight using CDC Body Mass Index measures. Dietary behaviors appear to track with the state's experience, as a whole, while oral health is just slightly lower. Just 68.2% report receiving a dental cleaning or check-up in the prior 12 months while 61.5% report brushing their teeth each of the 7 days in the week. Finally, students reported getting less sleep than the remainder of the state. Just 23.6% reported getting a full 8 hours of sleep as compared to 29.5% statewide.

## Survey Phase

A survey was distributed to gather feedback from the community. The survey was not intended to be a scientific or statistically valid sampling of the population. Rather, the survey was designed to be an additional tool for collecting qualitative data from the community at large – specifically, information related to community-perceived health needs. Two versions of a survey tool were distributed to two different audiences: (1) community members and (2) community health care professionals. Copies of both survey instruments are included in Appendix A.

### Community Member Survey

The community member survey was distributed and available online, to residents of the service area of St. Aloisius Medical Center. The survey tool was designed to:

- Understand community awareness about services provided by the local health system and whether consumers are using local services;
- Understand the community's need for services and concerns about the delivery of health care in the community;
- Solicit suggestions and help identify any gaps in services (now and in the future); and
- Determine preferences for using local health care versus traveling to other facilities.

Specifically, the survey covered the following topics: awareness and utilization of local health services, barriers to using local services, suggestions for improving collaboration with the community, local health care delivery concerns, reasons consumers use St. Aloisius and reasons they seek care elsewhere, travel time to the nearest clinic and to St. Aloisius Medical Center, and any health conditions or diseases respondents currently have. 288 community member surveys were returned. These surveys were received at two community events in Harvey, one in Anamoose, and individual households in the service area. In addition, to help make the survey as widely available as possible, St. Aloisius also had on hand 50 copies of the survey to distribute to consumers who used its facilities during the survey period. The survey period ran from the fourth week of March 2016 until 7 May, 2016.

### Interviews

One-on-one interviews with key informants were conducted in person between 1 May 2016 and 31 May 2016. Key Informants are community leaders who could provide insights into the community's health needs. These key informants represented the broad interests of the community served by St. Aloisius. They included representatives of the health community, business community, faith community, nonprofit agencies, and public health. In addition, we worked very closely with public health nurses with special knowledge in public health acquired through several years of direct care experience in the community, including working with

medically underserved, low income and minority populations, as well as with populations with chronic diseases.

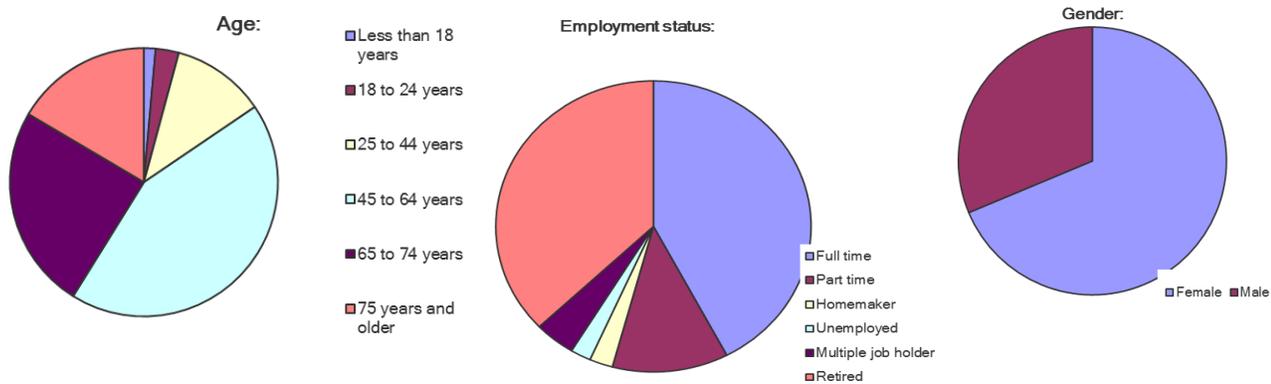
Individuals, listed in Appendix B, took part in the interviews. Topics covered during the interviews included the general health needs of the community, delivery of health care by local providers, awareness of health services offered locally, utilization of local services, barriers to using local services, suggestions for improving collaboration with the community, local health care delivery concerns, reasons community members use St. Aloisius, and reasons community members use other facilities for health care.

## Analysis Phase

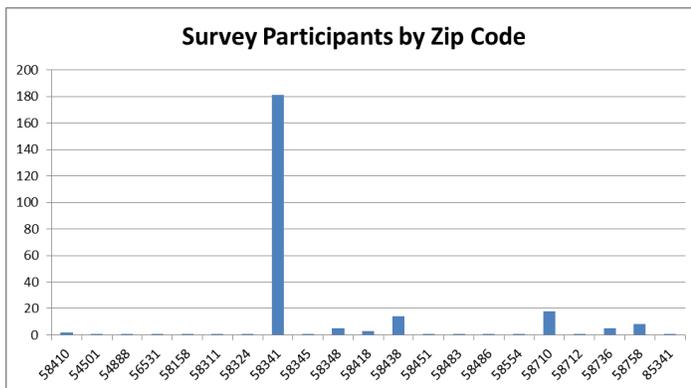
### Findings of Survey and Key Informant Interviews

#### Demographics

Survey respondents tended to be middle age (43.53% 45 – 64 years of age), employed full time (42.14%), and Females (68.38%). The charts below provide more detailed information on the demographic composition of respondents.



#### Response to Survey



The overwhelming majority (181) of survey respondents came from zip code 58341 (Harvey). Not surprisingly, Fessenden, Anamoose and Drake residents also participated. These three communities are on the fringe of the St. Aloisius Medical Center service area. Although St. Aloisius is closer to both communities, it is not a significantly longer drive to Carrington (Fessenden) or Minot (Anamoose/Drake). Part of the data collection phase included community meetings where we educated audiences on the services offered at St. Aloisius. These presentations were very well received and we believe the process provided the information these “fringe”

communities need when making the decision between Carrington, Minot, and Harvey. The surrounding communities have populations below 500 and although they are minimally represented in the survey, we scheduled meetings in their communities. Some meetings had no attendees.

#### Community Assets and Concerns

Respondents identified health care as the second best (54.77%) thing about their community. Active faith community (63.96%) was the most popular response and the quality of the school system (36.40%) was third. These results are not surprising because the hospital enjoys a very positive relationship with the community and the respondents tended to be middle age. Key informants discussed the importance of healthcare in their recruiting efforts and in keeping their workforce healthy. Below is additional detail on the positive aspects of the St. Aloisius service area.

The survey revealed a number of community concerns. Three concerns were high on nearly all surveys. Access to exercise and wellness (38.65%), adequate school resources (36.88%), and adequate youth activities (36.88%) are areas of significant concern. Additionally, adequate childcare services, and jobs with a living wage were also identified as important. The schedule below provides detail on identified community concerns. Key informants highlighted the need for additional childcare capacity. Some have invested the resources to run their own childcare services to improve the availability of their employees and recruit those with children.

<b>The three best things about our COMMUNITY SERVICES AND RESOURCES are (choose up to THREE):</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Access to healthy food	23.2%	67
Active faith community	64.4%	186
Business district (restaurants, availability of goods)	31.1%	90
Community groups and organizations	29.4%	85
Health care	55.0%	159
Public Health Services	29.8%	86
Opportunities for advancement education	3.1%	9
Public transportation	4.5%	13
Programs for youth	10.7%	31
Quality school systems	36.7%	106
Other (please specify)	1.4%	4
<b>answered question</b>		<b>289</b>
<b>skipped question</b>		<b>5</b>

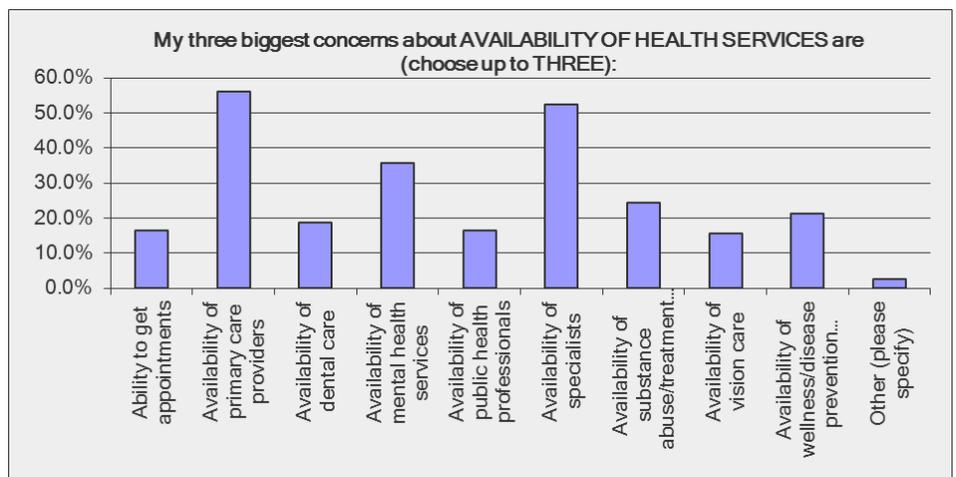
<b>My three biggest COMMUNITY HEALTH concerns are (choose up to THREE):</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Access to exercise and wellness activities	38.5%	111
Adequate school resources	37.2%	107
Adequate youth activities	36.8%	106
Affordable housing	25.7%	74
Attracting and retaining young families	33.3%	96
Jobs with livable wages	31.9%	92
Adequate childcare services	33.3%	96
Poverty	4.9%	14
Suicide prevention	27.8%	80
Substance/alcohol abuse	26.0%	75
Other (please specify)	2.4%	7
<b>answered question</b>		<b>288</b>
<b>skipped question</b>		<b>6</b>

When asked about their three biggest concerns about the availability of health services, availability of primary care providers (55.88%) and the availability of specialists (52.94%) were listed as significant concerns. In addition, the availability of mental health services (36.4%) was identified. The respondents also listed the availability of substance abuse treatment services (24.26%) as an area of concern. The graph below details all responses. Key informants were interested in the reason physicians do not stay in the service area. Much of the discussion centered on meeting the needs of the family and the importance of community activities. Key

informants felt additional providers were important, not just to meet the demand for services, but so that patients had choice in providers. St. Aloisius, is very fortunate to have very committed providers (one physician and multiple mid-levels) but others are needed for continuity as providers retire.

Respondents also identified concerns with community based services in the safety and environmental health area. 51.71% were concerned about the availability of 24/7 Emergency Medical Services. All EMS services in the St. Aloisius service area are staffed by volunteers.

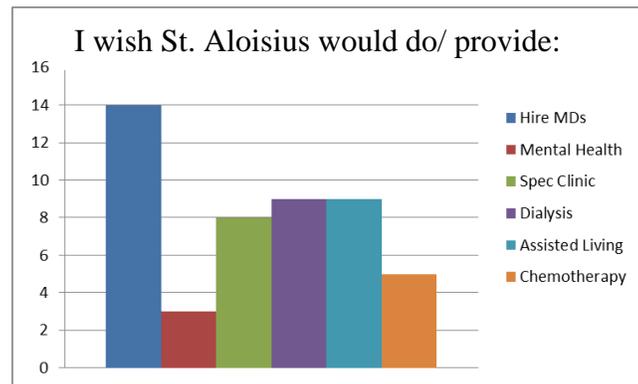
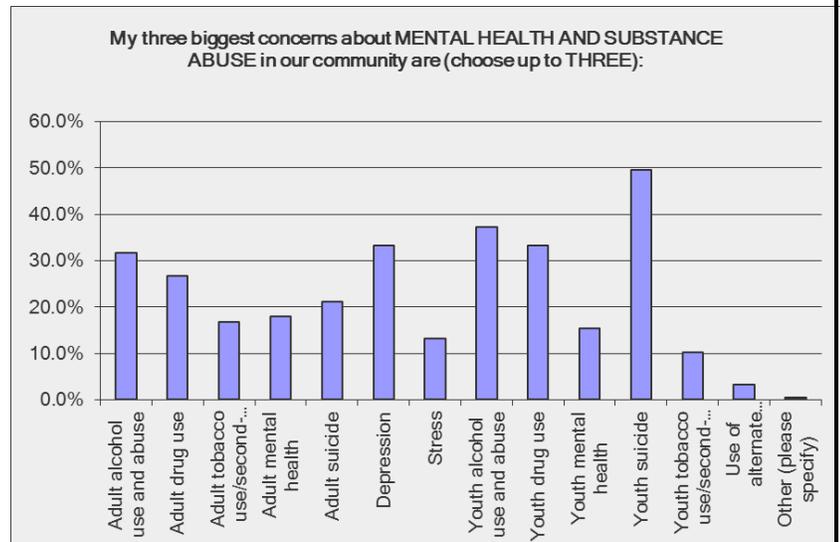
Most are supported through a Mill Levy although the Harvey Ambulance Service was not. This was an area of great concern and the hospital worked closely with the local EMS to assist them in attaining a Mill Levy. Crime and safety were also identified (39.92%) as a significant concern. Over the recent past, the oil industry attracted workers from across the country. Many communities were unprepared for the influx of workers and faced similar increases in crime and safety related issues.



Cancer (70.57%), obesity (48.58%), diabetes (36.17%), and heart disease (30.85%) are the primary health concerns identified both through the CHNA survey and the national statistics listed earlier. Key informants cited many of these disease states and felt preventative services, access to healthy foods, and access to fitness equipment all were areas

for improvement in addressing these issues. In addition, they raised concerns about mental health and substance abuse particularly in the younger population. The rate of youth suicide is elevated in the service area and resources are limited both in the schools and community. Survey respondents also identified a number of mental health issues. In addition to Youth Suicide (46.46%), they identified youth use of alcohol (37.28%) and drugs (33.69%). They also rated depression (33.33%) and adult use of drugs (26.16%) and alcohol (31.18%) as significant concerns. Below is detailed information from survey respondents.

When asked their three biggest concerns about meeting the needs of our senior population, three issues were overwhelmingly identified. The availability of assisted living options (49.82%), availability of resources to help the elderly stay in their homes (59.57%), and the availability of resources for family caring for elders (45.49%) were of highest concern. In addition, respondents were concerned about Dementia and Alzheimer’s disease (27.8%).



In addition to multiple choice, the survey instrument solicited free text input to a number of questions. When asked to respond to “I wish St. Aloisius Medical Center would:”, respondents identified the recruitment of primary care physicians as the most important activity. Dialysis and Assisted Living services were the second most often referenced need. Many requested monthly clinic appointments with specialists. We currently offer mental health services as a member of a consortium. A provider visits Harvey 4 days per month. This may serve as a template for further specialty services. Chemotherapy and Mental Health services were also requested, to a lesser extent.

When asked what prevents you or other community residents from receiving healthcare locally, two issues were clearly identified. The insufficient number of primary care doctors (56.36%) and the insufficient number of specialists (58.05%) were identified. The need for evening hours, concerns about confidentiality, lack of knowledge of services, and insurance limitations were also cited. The table below provides complete detail on responses received.

What PREVENTS you or other community residents from receiving health care locally? (Choose ALL that apply)		
Answer Options	Response Percent	Response Count
Can't get transportation services	6.6%	16
Concerns about confidentiality	13.3%	32
Distance from health facility	7.9%	19
Don't know about local services	11.6%	28
Don't speak language or understand culture	1.7%	4
Limited access to telehealth technology (Providers at	6.6%	16
No insurance or limited insurance	11.6%	28
Not able to get appointment/limited hours	7.1%	17
Not able to see same provider over time	8.3%	20
Not accepting new patients	2.1%	5
Not affordable	6.6%	16
Not enough doctors	56.0%	135
Not enough evening or weekend hours	14.5%	35
Not enough specialists	58.1%	140
Poor quality of care	5.4%	13
Other (please specify)	7.5%	18
<b>answered question</b>		<b>241</b>
<b>skipped question</b>		<b>53</b>

Survey respondents felt there was opportunity for the hospital to collaborate more closely with a number of organizations. The chart below highlights the findings. Collaboration with other local health providers was identified as an opportunity most often. The desire to attract specialists is likely tied to this recommendation and we will be more involved with providers as we make those arrangements. St. Aloisius collaborates, very closely, with other hospitals on issues such as behavioral health, information technology, and sharing capacity across all hospitals, in the Northwest portion of the state, and Minot’s Trinity Hospital.

Also high on the list was coordination with the local ambulance service. Historically, the ambulance crews worked in the hospital’s Emergency Room and we enjoyed a high degree of collaboration. Scope of practice issues made it impossible to continue to employ members of the ambulance service and collaboration suffered. Recently the hospital partnered

Do you believe St. Aloisius Medical Center could improve its collaboration with:			
YES / NO			
Answer Options	YES	NO	Response Count
a) Business and industry	89	47	136
b) Hospitals in other cities	112	45	157
c) Local job/economic development	104	36	140
d) Local law enforcement	60	59	119
e) Other local health providers	118	36	154
f) Public Health	79	49	128
g) Other schools	90	41	131
h) Ambulance and EMS	115	40	155
			<b>Question Totals</b>
			<b>214</b>
			<b>80</b>
			<b>294</b>

with the ambulance service to gain approval for a Mill Levey to fund personnel costs. The hospital also supports the service in the development of their budget. We anticipate continued improvement in collaboration with the ambulance service going forward. Collaboration for a small hospital in a small community is extremely important and will absolutely be addressed in our action plan. Detailed information on the community's response to the question of collaboration is located at the chart below.

## Findings

Overall residents, within our service area, want more choice of physicians, access to specialists, and enhancement in behavioral health resources. They are interested in health promotion programs to prevent the onset of chronic conditions such as diabetes, heart disease, and cancer. Our residents look to the hospital to increase collaboration with our emergency medical service and local schools.

Our action plan must outline a plan to recruit primary care physicians. We have an immediate need which is difficult to address given our rural location. Our plan will likely require the use of external recruitment companies and foreign medical graduates. Fortunately there is a solution in the long-term, the University of North Dakota's Rural Health Scholar program is growing in prominence and graduates are looking for ND rural communities to practice. Our action plan should highlight activities to attract these future providers.

Our action plan must identify high demand specialty services, determine their appropriateness for our hospital, and outline the process to integrate them into our service offering. One of the key specialty services identified was behavioral health. Our plan must address creative options for increasing the availability of these services.

Our plan must address health promotion activities that support healthy lifestyles. We will likely work in close collaboration with the Wells County District Health unit. Focus areas include access to fitness equipment, healthy eating, substance abuse education, and support groups.

Finally, our plan must outline a process to increase collaboration with local EMS and the school system.

# Appendix A- Survey Instrument

## St. Aloisius Medical Center Community Health Survey

St. Aloisius Medical Center and Wells County District Health Department are working together to determine the needs of our community.

We will use your input to write our strategic plan. Our mission is to care for you so it only makes sense for you to set the goals.

Your responses are anonymous. Your answers will be combined with other responses. All information will be reported only in total. If you have questions about the survey, you may contact Greg LaFrancois at 701-324-5101.

*Surveys will be accepted through 30 April, 2016.*

### Ok, let's get started!

#### Community Assets:

Q1. The three best things about our **PEOPLE** are (choose up to THREE):

- |  |   |
|--|---|
| <input type="checkbox"/> Feeling connected to people who live here | <input type="checkbox"/> People are tolerant, inclusive and open-minded |
| <input type="checkbox"/> Government is accessible                  | <input type="checkbox"/> You can make a difference in this community    |
| <input type="checkbox"/> People are friendly, helpful, supportive  | <input type="checkbox"/> Other (please specify) _____                   |
| <input type="checkbox"/> People here are involved in our community |   |

Q2. The three best things about our **COMMUNITY SERVICES AND RESOURCES** are (choose up to THREE):

- |   |   |
|---|---|
| <input type="checkbox"/> Access to healthy food                                 | <input type="checkbox"/> Opportunities for advanced education |
| <input type="checkbox"/> Active faith community                                 | <input type="checkbox"/> Public transportation                |
| <input type="checkbox"/> Business district (restaurants, availability of goods) | <input type="checkbox"/> Programs for youth                   |
| <input type="checkbox"/> Community groups and organizations                     | <input type="checkbox"/> Quality school systems               |
| <input type="checkbox"/> Health care  | <input type="checkbox"/> Other (please specify) _____         |
| <input type="checkbox"/> Public Health Services                                 |   |

Q3. The three best things about our **QUALITY OF LIFE** are (choose up to THREE):

- |  |  |
|--|--|
| <input type="checkbox"/> Closeness to work and activities          | <input type="checkbox"/> Job opportunities or economic opportunities |
| <input type="checkbox"/> Family-friendly; good place to raise kids | <input type="checkbox"/> Safe place to live, little/no crime         |
| <input type="checkbox"/> Informal, simple, laidback lifestyle      | <input type="checkbox"/> Other (please specify) _____                |

Q4. The three best things about our **COMMUNITY ACTIVITIES** are (choose up to THREE):

- |  |   |
|--|---|
| <input type="checkbox"/> Activities for families and youth | <input type="checkbox"/> Recreational and sports activities         |
| <input type="checkbox"/> Arts and cultural activities      | <input type="checkbox"/> Year-round access to fitness opportunities |
| <input type="checkbox"/> Local events and festivals        | <input type="checkbox"/> Other (please specify) _____               |

#### Community Concerns:

Q5. My three biggest **COMMUNITY HEALTH** concerns are (choose up to THREE):

- |   |   |
|---|---|
| <input type="checkbox"/> Access to exercise and wellness activities | <input type="checkbox"/> Jobs with livable wages      |
| <input type="checkbox"/> Adequate childcare services                | <input type="checkbox"/> Poverty                      |
| <input type="checkbox"/> Adequate school resources                  | <input type="checkbox"/> Suicide prevention           |
| <input type="checkbox"/> Adequate youth activities                  | <input type="checkbox"/> Substance/alcohol abuse      |
| <input type="checkbox"/> Affordable housing                         | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Attracting and retaining young families    |   |

Q6. My three biggest concerns about **AVAILABILITY OF HEALTH SERVICES** are (choose up to THREE):

- |   |   |
|---|---|
| <input type="checkbox"/> Ability to get appointments  | <input type="checkbox"/> Availability of specialists                          |
| <input type="checkbox"/> Availability of primary care providers (doctor, nurse practitioner, physician assistant) | <input type="checkbox"/> Availability of substance abuse/treatment services   |
| <input type="checkbox"/> Availability of dental care  | <input type="checkbox"/> Availability of vision care                          |
| <input type="checkbox"/> Availability of mental health services   | <input type="checkbox"/> Availability of wellness/disease prevention services |
| <input type="checkbox"/> Availability of public health professionals  | <input type="checkbox"/> Other (please specify) _____                         |

Q7. My three biggest concerns about **COMMUNITY SAFETY/ENVIRONMENTAL HEALTH** are (choose up to THREE):

- |   |  |
|---|--|
| <input type="checkbox"/> Air quality  | <input type="checkbox"/> Prejudice, discrimination                 |
| <input type="checkbox"/> Crime and safety   | <input type="checkbox"/> Public transportation (options and cost)  |
| <input type="checkbox"/> Emergency services available 24/7                            | <input type="checkbox"/> Traffic safety                            |
| <input type="checkbox"/> Land quality (litter, illegal dumping)                       | <input type="checkbox"/> Water quality (well water, lakes, rivers) |
| <input type="checkbox"/> Low graduation rates   | <input type="checkbox"/> Other (please specify) _____              |
| <input type="checkbox"/> Physical violence, domestic violence (spouse/partner/family) |  |

Q8. My three biggest concerns about **DELIVERY OF HEALTH SERVICES** are (choose up to THREE):

- |   |   |
|---|---|
| <input type="checkbox"/> Cost of health care services               | <input type="checkbox"/> Quality of care                        |
| <input type="checkbox"/> Cost of health insurance                   | <input type="checkbox"/> Sharing of personal health information |
| <input type="checkbox"/> Cost of prescription drugs                 | <input type="checkbox"/> Access to surgical/specialty care      |
| <input type="checkbox"/> After hour appointments(evenings/weekends) | <input type="checkbox"/> Other (please specify) _____           |

Q9. My three biggest concerns about our **COMMUNITY'S PHYSICAL HEALTH** are (choose up to THREE):

- |   |  |
|---|--|
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Teen pregnancy  |
| <input type="checkbox"/> Diabetes                                       | <input type="checkbox"/> Youth hunger and poor nutrition   |
| <input type="checkbox"/> Lung disease (i.e. Emphysema, COPD, Asthma)    | <input type="checkbox"/> Youth obesity   |
| <input type="checkbox"/> Heart disease                                  | <input type="checkbox"/> Youth sexual health   |
| <input type="checkbox"/> Obesity/overweight                             | <input type="checkbox"/> Wellness and disease prevention, including vaccine-preventable diseases |
| <input type="checkbox"/> Poor nutrition, poor eating habits             | <input type="checkbox"/> Other (please specify) _____  |
| <input type="checkbox"/> Sexual health (incl transmitted diseases/AIDS) |  |

Q10. My three biggest concerns about **MENTAL HEALTH AND SUBSTANCE ABUSE** in our community are (choose up to THREE):

- |  |  |
|--|--|
| <input type="checkbox"/> Adult alcohol use and abuse (incl binge drinking) | <input type="checkbox"/> Adult tobacco use/second-hand smoke |
| <input type="checkbox"/> Adult drug use (incl prescription drug abuse)     | <input type="checkbox"/> Adult mental health                 |
|  | <input type="checkbox"/> Adult suicide                       |

- Depression
- Stress
- Youth alcohol use and abuse (incl binge drinking)
- Youth drug use (incl prescription drug abuse)
- Youth mental health
- Youth suicide
- Youth tobacco use/ second-hand smoke
- Use of alternate tobacco products (e-cigarettes..)
- Other (please specify) \_\_\_\_\_

Q11. My three biggest concerns about meeting the needs of our **SENIOR POPULATION** are (choose up to THREE):

- Ability to meet needs of older population
- Assisted living options
- Availability of activities for seniors
- Availability of resources for family caring for elders
- Availability of resources to help the elderly stay in their homes
- Cost of activities for seniors
- Dementia/Alzheimer's disease
- Elder abuse
- Long-term/nursing home care options
- Availability of Basic Care
- Other (please specify) \_\_\_\_\_

Q12. I wish St. Aloisius Medical Center would:

- Expand its services (please list below)
- Offer health education (please list below)
- Enter a contract with my insurance company (please list below)
- Offer services in our schools
- Other (please list below)

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### Delivery of Health Care

Q13. What **PREVENTS** you or other community residents from receiving health care locally? (Choose ALL that apply.)

- Can't get transportation services
- Concerns about confidentiality
- Distance from health facility
- Don't know about local services
- Don't speak language or understand culture
- Limited access to telehealth technology (Providers at another facility through a monitor/TV screen)
- No insurance or limited insurance
- Not able to get appointment/limited hours
- Not able to see same provider over time
- Not accepting new patients
- Not affordable
- Not enough doctors
- Not enough evening or weekend hours
- Not enough specialists
- Poor quality of care
- Other (please specify) \_\_\_\_\_

Q14. Where do you turn for trusted health information? (Choose ALL that apply.)

- Nurses, chiropractors, dentists,
- Primary care provider
- Public health professional
- Web searches/Internet (WebMD,Healthline...)
- Friends, neighbors, co-workers...
- Other (please specify) \_\_\_\_\_

**Demographic Information:** Please tell us about yourself.

Q15. Health insurance or health coverage status (choose ALL that apply):

- Indian Health Service (IHS)
- Insurance through employer or self-purchased
- Medicaid/Medicare
- No insurance
- Veteran's Health Care Benefits
- Other (please specify) \_\_\_\_\_

Q16. Age:

- Less than 18 years
- 18 to 24 years
- 25 to 44 years
- 45 to 64 years
- 65 to 74 years
- 75 years and older

Q17. Gender:

- Female
- Male

Q18. Employment status:

- Full time
- Part time
- Homemaker
- Multiple job holder
- Unemployed
- Retired

Q19. Your zip code: \_\_\_\_\_

Q20. Do you believe St. Aloisius Medical Center could improve its collaboration with:

	<u>Yes</u>	<u>No</u>
a) Business and industry	<input type="checkbox"/>	<input type="checkbox"/>
b) Hospitals in other cities	<input type="checkbox"/>	<input type="checkbox"/>
c) Local job/economic development	<input type="checkbox"/>	<input type="checkbox"/>
d) Local law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
e) Other local health providers	<input type="checkbox"/>	<input type="checkbox"/>
f) Public Health	<input type="checkbox"/>	<input type="checkbox"/>
g) Our schools	<input type="checkbox"/>	<input type="checkbox"/>
h) Ambulance and EMS	<input type="checkbox"/>	<input type="checkbox"/>

Q21. Overall, please share concerns and suggestions to improve the delivery of local health care.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Thank you for assisting us with this important survey!***

# Appendix B-Key Informant Interviews

Name	Organization
Ann Adams	Mayor of Harvey
Brittany Long	Nurse Administrator, Wells County District Health
Terry Hinrichs	Business Owner (Grocery Store)
Rod Marchand	Business Owner (Tom's Furniture)
Jim Weinmann	Business Owner (Pizza Ranch)
Steve Heim	Drake/Anamoose Public Schools

# Appendix G

## St. Aloisius Medical Center Community Needs Assessment Implementation Strategy 2017 – 2020

Overall residents, within our service area, want more choice of physicians, access to specialists, and enhancement in behavioral health resources. They are interested in health promotion programs to prevent the onset of chronic conditions such as diabetes, heart disease, and cancer. We will work in close collaboration with the Wells County District Health Unit on prevention initiatives. Our residents also look to the hospital to increase collaboration with our emergency medical service and local schools.

### **Tier I Needs**

#### **I. Physician Retention and Recruitment**

One of the main concerns arising from the community needs assessment is maintaining an adequate medical staff to serve the community. At the time the survey was conducted, Harvey had only one physician (Down from 3 in the prior assessment), one physician assistant and four nurse practitioners (one more NP than the prior assessment). Since the last survey, we've contracted with Avera McKennan Healthcare for e-Emergency services. St. Aloisius is connected continuously via telemedicine to an emergency room physician in Sioux Falls. The arrangement with Avera provides all the benefits we hoped for and improves the operations of our Emergency Room. We've successfully used Mid-levels in the emergency room as well. The e-Emergency initiative is partly responsible for the use of mid-level providers in the ER. Nurse Practitioners and Physicians Assistants are in the call rotation and improved on call coverage for our provider. St. Aloisius Medical Center contracted with Jackson Coker Physician Recruiters and The In-Line Group (Recruiters) to recruit a primary care physician. Interest in our opportunity is low and we were only able to convince one physician to come to Harvey for an interview. University of North Dakota has been a great partner recently. We are working with them to identify medical students willing to choose to work in a rural community. We are in contact with one first year resident and hope to cultivate a relationship resulting in employment.

#### **OBJECTIVE:**

- Attract two primary care physicians for the St. Aloisius service area.

#### **TACTICS**

- Recruit through UND Center for Rural Health (3RNET) and appropriate professional resources
- Foster relationships with medical students enrolled in the Rural Health Scholar program.

#### **PROGRAM/RESOURCES TO COMMIT**

- Sufficient dollars are budgeted for physician recruitment
- Physician employment strategy is in place and competitive compensation is available

#### **ACCOUNTABLE PARTIES**

- Greg LaFrancois, CEO

## **II. Access to Specialists**

Our community identified a number of specialty services they felt were needed in our community. Podiatry, Orthopedics, Allergy, and Behavioral Health were often mentioned in interviews and in community meetings. Additionally, access to maintenance chemotherapy and dialysis were important. We've joined sister facilities to include the closest tertiary facility in Minot (Trinity Healthcare) to coordinate resources throughout the Northwest region of North Dakota. The first substantive meetings of the group were scheduled to occur as we completed our Community Health Needs Assessments. This collaboration is a strong first step towards bringing specialists to Harvey on a rotating basis. Additionally, we've met with a tele-psychiatry provider. They currently provide ER coverage to a number of critical access hospitals throughout Minnesota, North and South Dakota. We plan to open clinic hours for tele-psychiatry in Jan 2017. We've met with Dr. Mary Aaland of the UND Rural Surgery Program. Dr. Aaland currently rotates throughout rural hospitals providing clinic visits and minor surgical procedures. We believe we could open two surgical days per month initially and grow the program from that point.

### **OBJECTIVE:**

- Attract specialists, on a rotating basis, to deliver services within the St. Aloisius service area.

### **TACTICS:**

- Collaborate with tertiary facilities and provider groups in Minot and Bismarck ND
- Open tele-psychiatry clinic
- Develop a surgical program in collaboration with the UND Rural Surgery Program

### **PROGRAM/RESOURCES TO COMMIT:**

- Sufficient dollars are budgeted for the above tactics
- Clinic space and administrative support is available for tele-psychiatry
- Our operating rooms are sufficiently stocked to support the Rural Surgery Program

### **ACCOUNTABLE PARTIES:**

- Greg LaFrancois, CEO

## **Tier II Needs**

### **I. Access to fitness equipment, healthy eating, substance abuse education, and support group**

St. Aloisius Medical Center will work collaboratively with the Wells County District Health Unit to address healthy living needs in the community. The two organizations already enjoy a strong relationship and are well positioned to address issues important to the improvement of community health status.

### **OBJECTIVE:**

- Improve health status of the community by addressing fitness, dietary, substance abuse, and education needs.

### **TACTICS:**

- Wells County District Health Unit is performing worksite wellness for county employees
- Wells County District Health Unit is providing nutrition, stress, and time management education
- Wells County District Health Unit and St. Aloisius Medical Center will sponsor physical challenges in the community to promote health. Wells County District Health Unit will be utilizing grant funding to support their challenges.

- In October, Wells County District Health Unit will run an 8 week course on grief support.
- Wells County District Health Unit will address underage drinking through a recently approved grant.

**PROGRAM RESOURCES TO COMMIT:**

- Wells County District Health Unit has attained funding through grant programs and St. Aloisius Medical Center is prepared to support their initiatives, outlined above.
- St. Aloisius will work collaboratively with Wells County District Health Unit to ensure sufficient clinic space is available for these initiatives.

**ACCOUNTABLE PARTIES:**

- Wells County District Health Unit
- St. Aloisius Medical Center

**II. Collaboration with local EMS and the school system**

St. Aloisius Medical Center began working very closely with the local EMS in Early April of 2016. The relationship between the EMS and hospital had been positive but communication needed work. Both entities worked closely to educate the public on the need for a mill levy to support EMS operations. In addition, the hospital assisted the EMS in the development of their first budget. Since the approval of the mill levy, the hospital's Director of Nursing has been appointed as a member of the EMS board.

**OBJECTIVE:**

- Improve collaboration with local EMS and the school system

**TACTICS:**

- Improve communication
- Identify opportunities to work jointly on community projects

**PROGRAM/RESOURCES TO COMMIT:**

- Sufficient dollars are budgeted for the above tactics
- Clinic space and administrative support is available for tele-psychiatry
- Our operating rooms are sufficiently stocked to support the Rural Surgery Program

**ACCOUNTABLE PARTIES:**

- Greg LaFrancois, CEO